

**Bureau of Health Care Services**

Enforcement Division

P.O. Box 30670

Lansing, MI 48909

(517) 373-4972

www.michigan.gov/healthlicense

**Board Use Only****APPLICATION FOR  
RECLASSIFICATION OF LIMITED LICENSE**

Authority: Michigan Public Health Code, Public Act 368 of 1978, as amended

Please PRINT Clearly

First Name	Middle Name	Last Name		
Street Address				
City	State	Zip Code	Telephone Number w/Area Code	
Michigan Professional License Number	U.S. Social Security Number	Date of Birth (MM/DD/YY)	TCN Identifier Number	
<b>SIGNATURE</b>			<b>Date</b>	

Check the profession for which you are requesting reclassification. Please submit the appropriate fee indicated by the profession. Please make your check or money order payable to the STATE OF MICHIGAN. Do not send cash. Fees are earned upon receipt and can only be refunded under rules promulgated by the Department.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> ACUPUNCTURIST - \$75.00 (54-01-50)          | <input type="checkbox"/> O.D. - \$20.00 (49-01-50)       | <input type="checkbox"/> L.L.P. - \$50.00 (63-01-50)      |
| <input type="checkbox"/> ATHLETIC TRAINER - \$75.00 (26-01-50)       | <input type="checkbox"/> D.O. - \$50.00 (51-01-50)       | <input type="checkbox"/> L.P.C. - \$50.00 (64-01-50)      |
| <input type="checkbox"/> AUDIOLOGIST - \$120.00 (16-01-50)           | <input type="checkbox"/> O.T. - \$20.00 (52-01-50)       | <input type="checkbox"/> L.L.P.C. - \$50.00 (64-01-50)    |
| <input type="checkbox"/> D.C. - \$20.00 (32-01-50)                   | <input type="checkbox"/> O.T.A. - \$20.00 (52-02-50)     | <input type="checkbox"/> R.T. - \$20.00 (44-01-50)        |
| <input type="checkbox"/> DENTIST &/OR SPECIALTY - \$20.00 (29-01-50) | <input type="checkbox"/> PHARM - \$35.00 (53-01-50)      | <input type="checkbox"/> SANITARIAN - \$20.00 (67-01-50)  |
| <input type="checkbox"/> R.D.H. - \$15.00 (29-02-50)                 | <input type="checkbox"/> PHARM - CS - \$20.00 (3757-50)  | <input type="checkbox"/> SPEECH-LANG.- \$20.00 (71-01-50) |
| <input type="checkbox"/> R.D.A. - \$10.00 (29-03-50)                 | <input type="checkbox"/> R.Ph. - \$20.00 (53-02-50)      | <input type="checkbox"/> S.S.T. - \$15.00 (68-03-50)      |
| <input type="checkbox"/> M.F.T. - \$25.00 (41-01-50)                 | <input type="checkbox"/> MANF/WHSLR - \$25.00 (53-06-50) | <input type="checkbox"/> LBSW - \$15.00 (68-02-50)        |
| <input type="checkbox"/> MASSAGE THERAPY- \$20.00- (75-01-50)        | <input type="checkbox"/> P.T. - \$20.00 (55-01-50)       | <input type="checkbox"/> LMSW - \$15.00 (68-01-50)        |
| <input type="checkbox"/> M.D. - \$50.00 (43-01-50)                   | <input type="checkbox"/> P.T.A. - \$20.00 (55-01-50)     | <input type="checkbox"/> D.V.M. - \$20.00 (69-01-50)      |
| <input type="checkbox"/> R.N. and/or SPECIALTY - \$24.00 (47-04-50)  | <input type="checkbox"/> P.A. - \$30.00 (56-01-50)       | <input type="checkbox"/> VET TECH - \$10.00 (69-02-50)    |
| <input type="checkbox"/> L.P.N. - \$20.00 (47-03-50)                 | <input type="checkbox"/> D.P.M. - \$20.00 (59-01-50)     |   |
| <input type="checkbox"/> N.H.A. - \$15.00 (48-01-50)                 | <input type="checkbox"/> PSYCHOLOGIST-\$50.00 (63-01-50) |   |

1. Submit this application, along with the required supporting documents, to the address shown above.
2. All supporting affidavits **must be originals and must be notarized**.
3. All supporting documents **must be attached to this application**.
4. Submission of copies and/or separate mailing of the supporting documents is not acceptable and will cause rejection of your application.
5. The proper fee, as listed above, must accompany this application or it will be rejected.
6. You must have a criminal background check and provide the TCN identifier number assigned to you.  
The **TCN** is required and will be supplied by the entity performing the criminal background check pursuant to Section 333.16174 (see attached "Livescan Fingerprint Request" form).

**Supporting documents consist of a minimum of two (2) affidavits which attest to any or all of the following:**

- A. that you are of good moral character
- B. that you are able to resume the practice of your profession with reasonable skill and safety, and
- C. that it is in the public interest that your license be reinstated.

Section **333.16245(8)** An individual who seeks reinstatement of a revoked or suspended license or reclassification of a limited license pursuant to this section shall have a criminal history check conducted in accordance with section 16174 and submit a copy of the results of the background check to the board with his or her application for reinstatement or



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF HEALTH CARE SERVICES

STEVE ARWOOD  
DIRECTOR

## CRIMINAL BACKGROUND CHECK FINGERPRINT REQUEST FORM INSTRUCTIONS (For Applicants in Michigan)

1. Applicants for a Michigan health professional license must have their fingerprints taken under an Agency ID/ORI Number specific for the board for which they are applying. Fingerprints may be taken by either Identogo (formerly L-1 Enrollment) or another agency listed at [www.michigan.gov/lsvendor](http://www.michigan.gov/lsvendor). Whether you use Identogo or another agency, you must use an Agency ID Number for a Health Professional licensing board. These Agency ID numbers **MUST** be used in order to have the fingerprint report sent to the Health Professions Licensing Division. Receipts **should not** be mailed to the office, but kept for your own records.
2. Please complete the Livescan Fingerprint Request Form and check the box for the profession for which you have applied. Incorrectly selected professions/agency ID's may delay the criminal background check process.
3. You must bring the Livescan Fingerprint Request Form with a driver's license or other state or federal-issued picture identification to your fingerprint appointment. You will also be required to pay a separate fee to the fingerprint agency when registering and/or scheduling your appointment.
4. When your fingerprints are taken, a technician will perform a scan of your fingerprints and submit the data electronically to the Michigan State Police.
5. If no criminal history is found, the Health Professions Licensing Division will be notified.
6. If criminal history information is found, the Michigan State Police will send the record directly to the Health Professions Licensing Division for review.
7. Information about fees and scheduling your fingerprint appointment with Identogo can be found at [www.identogo.com](http://www.identogo.com) or by calling 1-866-226-2952.
8. Identogo is under contract with the Michigan State Police to provide fingerprint services. For questions, call the Michigan State Police at (517) 241-0606.
9. Please do not contact the board office regarding your criminal background check, unless your fingerprints were taken **more** than 30 days ago.
10. **Please note:** Fingerprints taken for any other agency will not fulfill fingerprint requirements for a health professional license in Michigan.

LARA is an equal opportunity employer.

Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.  
611 W. OTTAWA ST. • P.O. BOX 30670 • LANSING, MICHIGAN 48909  
[www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense) • (517) 335-0918



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF HEALTH CARE SERVICES

STEVE ARWOOD  
DIRECTOR

**CRIMINAL BACKGROUND CHECK  
FINGERPRINT REQUEST FORM INSTRUCTIONS**  
**(For applicants out of state or out of country)**

1. Contact a local law enforcement, governmental, or private fingerprint agency to perform an ink fingerprint on an FBI (FD-258) card or on another state's or country's official fingerprint card. The ink fingerprint must be completed on card stock paper.
2. Submit the ink fingerprint card along with the completed Livescan Fingerprint Request Form and a business check or money order for \$62.75, made payable in U.S. Funds, to "MorphoTrust USA" to the following address:

MorphoTrust USA  
Attn: Card Scan Processing Unit  
3051 Hollis Drive Ste 310  
Springfield IL 62704

3. Please include a daytime telephone number or e-mail address with your request where you can be reached if there are any questions.
4. Identogo will submit your fingerprints to the Michigan State Police for analysis.
5. If no criminal history information is found, the Health Professions Licensing Division will be notified.
6. If criminal history information is found, the Michigan State Police will send the record directly to the Health Professions Licensing Division for review.
7. Call Identogo toll-free at 1-866-226-2952 (8am - 5pm EST) if you have any questions.
8. Identogo is under contract with the Michigan State Police to provide fingerprint services. For questions, call the Michigan State Police at (517) 241-0606.
9. Applicants for a Michigan health professional license must have their fingerprints taken under the Agency ID/ORI Number specific for the board for which they are applying.
10. Please do not contact the board office regarding your criminal background check, unless your fingerprints were taken **more** than 30 days ago.
11. **Please note:** Fingerprints taken for any other agency will not fulfill fingerprint requirements for a health professional license in Michigan.

RICK SNYDER  
GOVERNORSTATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF HEALTH CARE SERVICESSTEVE ARWOOD  
DIRECTOR**LIVESCAN FINGERPRINT REQUEST FORM**

**Applicant Instructions:** Please complete the top section of this form then print it and take it along with your picture ID to your scheduled appointment.

First Name:		Middle Name:		Last Name:	
Street Address:				Apt/Bldg.#:	
City:		State:		ZIP Code:	
Daytime Telephone Number w/ Area Code:		State or Country of Birth:			
Date of Birth (MM/DD/YYYY):		Race:		Sex:	
Height:	Weight:	Eye Color:		Hair Color:	
Please select the type of license/registration you are applying for (MD, DO, RPH, LPN, RN, PT, etc.):					
<input type="checkbox"/> Acupuncture Agency ID # 90889P	<input type="checkbox"/> Medicine Agency ID # 90897K		<input type="checkbox"/> Physical Therapy Agency ID # 90906M		
<input type="checkbox"/> Athletic Trainer Agency ID # 90890J	<input type="checkbox"/> Nursing- LPN Agency ID # 90899J		<input type="checkbox"/> Physician Assistant Agency ID # 90907E		
<input type="checkbox"/> Audiology Agency ID # 90891P	<input type="checkbox"/> Nursing- RN Agency ID # 90898T		<input type="checkbox"/> Podiatry Agency ID # 90908L		
<input type="checkbox"/> Chiropractic Agency ID # 90892H	<input type="checkbox"/> Nursing Home Admin Agency ID # 90901K		<input type="checkbox"/> Psychology Agency ID # 90909A		
<input type="checkbox"/> Counseling Agency ID # 90893M	<input type="checkbox"/> Occupational Therapy Agency ID # 90902T		<input type="checkbox"/> Respiratory Care Agency ID # 90910L		
<input type="checkbox"/> Dentistry Agency ID # 90894E	<input type="checkbox"/> Optometry Agency ID # 90903J		<input type="checkbox"/> Social Work Agency ID # 90912K		
<input type="checkbox"/> Marriage & Fam. Ther. Agency ID # 90895L	<input type="checkbox"/> Osteopathic Medicine Agency ID # 90904P		<input type="checkbox"/> Speech-Lang Pathology Agency ID # 90913T		
<input type="checkbox"/> Massage Therapy Agency ID # 90896A	<input type="checkbox"/> Pharmacy Agency ID # 90905H		<input type="checkbox"/> Veterinary Medicine Agency ID # 90914J		

**THE FOLLOWING SECTION IS TO BE COMPLETED BY THE FINGERPRINTING AGENCY**

Fingerprint Date:	TCN:
Type of ID Presented:	

**REQUESTING AGENCY INFORMATION**

Agency Name: <b>MI DEPT OF LARA-</b>	Reason Fingerprinted: <b>LHP – Licensed Health Care Professional (MCL333.16174)</b>	Cost:
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## AFFIDAVITS INFORMATION SHEET

### Please read carefully

The statute governing the powers of a notary public reads in pertinent part:

"Notaries public shall have authority to take the proof and acknowledgments of deed; to administer oaths and take affidavits in any matter or cause pending, or to be commenced...."

The law of the State of Michigan requires that signatures to certain legal instruments (in this case affidavits) be acknowledged before a person authorized by law to take acknowledgments, such as a notary public. This is required so that such instruments can be recorded. **An example of how an acknowledgment is taken would be as follows:**

John Doe appears before a notary public with the unsigned instrument and, in the presence of the notary public, signs the instrument and then acknowledges to the notary public that the signature on the instrument is his, that he is the person indicated in the instrument and that he signed the instrument voluntarily and without duress. The notary public then certifies on the instrument itself that it was acknowledged in his/her presence. In the certification, the notary public is stating in his/her official capacity that the person so signing was the person he claimed to be. Obviously, when a notary public is not familiar with the person whose acknowledgment he/she is certifying, the notary public should request that some type of identification be shown.

**The signature and stamp of the notary is not sufficient for the affidavit to be acceptable to this Department. The notary must include the date of signature on the affidavit. The wording and format of the certification required to be placed on each affidavit is shown in the example below:**

Subscribed and sworn to before me this 1<sup>st</sup> day of May, 2013.

(Notary signature here) Jane P. Doe

Notary Public (Notary name printed here) Jane P. Doe (County Name) County

My Commission expires: (5/30/2015)

#### Additional Facts:

1. A notary public cannot certify the acknowledgment to an instrument to which he/she, himself/herself, has an interest. A notary public may take the acknowledgement of a relative, including a spouse; however, in order to avoid questions of conflict of interest, an independent notary public should be used.
2. An affidavit is a written or printed declaration or statement of facts. It must be made voluntarily and confirmed by the oath or affirmation of the party making it, made before a notary public. The notary public must administer the oath or affirmation prior to the taking of the affidavit.

**Affidavits are written statements by individuals, made on oath, before a notary public or other person authorized to administer oaths. At minimum, an affidavit must contain the following: Signature of the party making the sworn statement and the date of the signature; signature of notary public and date notarized; the typed, printed or stamped name of notary; and the state, county and expiration date of the notary's commission.**

Revised 04/2013

Michigan Department of Licensing & Regulatory Affairs  
Bureau of Health Care Services  
HEALTH CODE BOARDS  
DISCIPLINARY PROCEEDINGS

R 338.1636 Limited license; reclassification; standards and procedures.

Rule 36. (1) The limitations on a license shall continue until the expiration of the period of limitation set forth in the order or until the license is reclassified pursuant to this rule, whichever is later. The period of limitation set forth in the order is a minimum period.

(2) A petition for reclassification of a license that has been limited shall be made in accordance with this rule.

(3) If a license is limited for 1 year or less, it will be presumed that the petitioner meets the requirements of section 7316 or 16249 of the code, unless 1 of the following provisions applies:

(a) The order imposing the limitations provides otherwise.

(b) Another complaint has been filed and is pending at the end of the period of limitation.

(c) A subsequent disciplinary order has been entered.

(d) A response in opposition to reclassification has been filed by a complaining party alleging that the petitioner has failed to fulfill a term of the order imposing the limitations.

(4) If a license is limited for an unspecified period of time or for more than 1 year, or if the petitioner is not entitled to a presumption pursuant to subrule (3) of this rule, then the license shall not be reclassified until the disciplinary subcommittee finds that the petitioner meets the requirements of section 7316 or 16249 of the code.

(5) A petition, with supporting affidavits, shall not be filed for at least 1 year after the effective date of the order imposing the limitations, unless otherwise provided in the order.

(6) Within 30 days after the petition is filed, a complaining party may file a response to the petition. If the response opposes the reclassification, a hearing shall be scheduled. If the petitioner fails to appear at the scheduled hearing, either in person or by counsel, the petitioner shall be deemed in default. If a response is not filed or if the response does not oppose reclassification, the disciplinary subcommittee shall review the petition with supporting affidavits and shall determine whether the requirements of section 7316 or 16249 of the code have been met. If it is found that the requirements have not been met, the petitioner shall be notified and, within 30 days after service of the notice, may request a hearing. The petition for reclassification shall be deemed denied if the petitioner does not file a timely request for a hearing.

(7) After a hearing has been completed, the disciplinary subcommittee shall determine whether the petitioner has satisfied section 7316 or 16249 of the code. The disciplinary subcommittee may deny the petition or grant the petition subject to such terms and conditions as it may deem appropriate.

(8) A subsequent petition for reclassification shall not be filed with the department for at least 1 year after the effective date of the order denying reclassification, unless otherwise ordered by the disciplinary subcommittee.

History: 1996 AACs.

R 338.1637 Affidavits.

Rule 37. (1) An affidavit in support of a petition for reinstatement or reclassification shall set forth the facts which would support a finding that the requirements and conditions have been satisfied and shall be executed by a person who is able to competently testify to the facts.

(2) Affidavits submitted in support of a petition for reinstatement or reclassification are not considered as evidence in an administrative hearing unless offered and accepted as evidence.

History: 1996 AACs.

## OCCUPATIONAL REGULATION SECTIONS OF THE MICHIGAN PUBLIC HEALTH CODE

### **333.16245 Reinstatement of limited, suspended, or revoked license or registration; application; payment; time; hearing; guidelines; fees; criminal history check.**

Sec.16245. (1) An individual whose license is limited, suspended, or revoked under this part may apply to his or her board or task force for a reinstatement of a revoked or suspended license or reclassification of a limited license pursuant to section 16247 or 16249.

(2) An individual whose registration is suspended or revoked under this part may apply to his or her board for a reinstatement of a suspended or revoked registration pursuant to section 16248.

(3) A board or task force shall reinstate a license or registration suspended for grounds stated in section 16221(j) upon payment of the installment.

(4) Except as otherwise provided in this subsection, in case of a revoked license or registration, an applicant shall not apply for reinstatement before the expiration of 3 years after the effective date of the revocation. In the case of a license or registration that was revoked for a violation of section 16221(b)(vii), a violation of section 16221(c)(iv) consisting of a felony conviction, any other felony conviction involving a controlled substance, or a violation of section 16221(q), an applicant shall not apply for reinstatement before the expiration of 5 years after the effective date of the revocation. The department shall return an application for reinstatement received before the expiration of the applicable time period under this subsection.

(5) The department shall provide an opportunity for a hearing before final rejection of an application for reinstatement.

(6) Based upon the recommendation of the disciplinary subcommittee for each health profession, the department shall adopt guidelines to establish specific criteria to be met by an applicant for reinstatement under this article or article 7. The criteria may include corrective measures or remedial education as a condition of reinstatement. If a board or task force, in reinstating a license or registration, deviates from the guidelines adopted under this subsection, the board or task force shall state the reason for the deviation on the record.

(7) An individual who seeks reinstatement or reclassification of a license or registration pursuant to this section shall pay the application processing fee as a reinstatement or reclassification fee. If approved for reinstatement or reclassification, the individual shall pay the per year license or registration fee for the applicable license or registration period.

(8) An individual who seeks reinstatement of a revoked or suspended license or reclassification of a limited license pursuant to this section shall have a criminal history check conducted in accordance with section 16174 and submit a copy of the results of the background check to the board with his or her application for reinstatement or reclassification.

History: 1978, Act 368, Eff. Sept. 30, 1978 ;-- Am. 1986, Act 174, Imd. Eff. July 7, 1986 ;-- Am. 1988, Act 462, Eff. Sept. 1, 1989 ;-- Am. 1993, Act 79, Eff. Apr. 1, 1994 ;-- Am. 1993, Act 87, Eff. Apr. 1, 1994 ;-- Am. 1998, Act 109, Eff. Mar. 23, 1999 ;-- Am. 2006, Act 26, Imd. Eff. Feb. 17, 2006.

### **333.16247 Reinstatement of license or issuance of limited license; requirements.**

Sec. 16247. (1) A board or task force may reinstate a license or issue a limited license to an individual whose license has been suspended or revoked under this part if after a hearing the board or task force is satisfied by clear and convincing evidence that the applicant is of good moral character, is able to practice the profession with reasonable skill and safety to patients, has met the criteria in the rules promulgated under section 16245(6), and should be permitted in the public interest to practice. Pursuant to the rules promulgated under section 16245(6), as a condition of reinstatement, a disciplinary subcommittee, upon the recommendation of a board or task force, may impose a disciplinary or corrective measure authorized under this part and require that the licensee attend a school or program selected by the board or task force to take designated courses or training to become competent or proficient in those areas of practice in which the board or task force finds the licensee to be deficient. The board or task force may require a statement on a form approved by it from the chief administrator of the school or program attended or the person responsible for the training certifying that the licensee has achieved the required competency or proficiency.

(2) As a condition of reinstatement, a board or task force shall place the licensee on probation for 1 year under conditions set by the board or task force. If a licensee whose license has been revoked cannot apply for reinstatement for 5 years after the date of revocation, then, as a condition of reinstatement, the board or task force shall require the licensee to take and pass the current licensure examination.

(3) A board or task force shall not reinstate a license suspended or revoked for grounds stated in section 16221(b)(i), (iii), or (iv) until it finds that the licensee is mentally or physically able to practice with reasonable skill and safety to patients. The board or task force may require further examination of the licensee, at the licensee's expense, necessary to verify that the licensee is mentally or physically able. A licensee affected by this section shall be afforded the opportunity at reasonable intervals to demonstrate that he or she can resume competent practice in accordance with standards of acceptable and prevailing practice.

History: 1978, Act 368, Eff. Sept. 30, 1978. ;-- Am. 1993, Act 79, Eff. Apr. 1, 1994.

### **333.16248 Reinstatement of registration; requirements.**

Sec.16248. A registration board may reinstate a registration revoked or suspended under this part if, after a hearing, the board is satisfied by clear and convincing evidence that the individual is of good moral character, has the education and experience as required in this article, has met the criteria in the rules promulgated under section 16245(6), and will use the title lawfully and act in accordance with this article.

History: 1978, Act 368, Eff. Sept. 30, 1978. ;-- Am. 1993, Act 79, Eff. Apr. 1, 1994.



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Bureau of Health Care Services

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LARA/HLD-003 (3/13)

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BOARD USE ONLY

**DATA CHANGE/DUPLICATE LICENSE REQUEST**

Authority: Public Act 368 of 1978, as amended.

**PHARMACY STORES AND MANUFACTURER/WHOLESALE/DISTRIBUTORS** DO NOT USE THIS FORM FOR A NAME AND/OR ADDRESS CHANGE. YOU WILL NEED TO COMPLETE A RELOCATION APPLICATION WHICH CAN BE OBTAINED EITHER ONLINE AT [WWW.MICHIGAN.GOV/HEALTHLICENSE](http://WWW.MICHIGAN.GOV/HEALTHLICENSE) OR BY CONTACTING THIS OFFICE AT THE NUMBER LISTED ABOVE.

Address changes can also be processed online by visiting our website at [www.michigan.gov/mylicense](http://www.michigan.gov/mylicense). However, please use this form when requesting a name change.

**CURRENT INFORMATION ON LICENSE/REGISTRATION:** Please TYPE or PRINT only.

First Name:	Middle Name:	Last Name:
U.S. Social Security Number:	Date of Birth (MM/DD/YYYY):	E-mail Address:
Profession:	MI Permanent I.D. Number:	

Please check the boxes below for the service you are requesting:

Please specify which licenses/registrations you want changed. <b>NO CHANGES WILL BE MADE IF THIS FORM IS NOT COMPLETE.</b>		
<input type="checkbox"/> Professional License/Registration	<input type="checkbox"/> Controlled Substance	<input type="checkbox"/> Specialty License
<input type="checkbox"/> Drug Control	<input type="checkbox"/> Drug Treatment Prescriber	
<input type="checkbox"/> 1. <b>NAME CHANGE:</b> I request the Department to change my records due to a name change. A copy of the legal document ( <b>i.e. marriage certificate, divorce decree or other form of legal documentation</b> ) must be submitted, with this form, to verify the name change you are requesting. Your signature must be provided on the reverse side. If you would like a new license reflecting your new name, please see fee requirement on reverse side.		
First Name:	Middle Name:	Last Name:
Reason for Change:		
<input type="checkbox"/> 2. <b>ADDRESS CHANGE FOR PROFESSIONAL AND/OR SPECIALTY LICENSE:</b> I request the Department to change my records due to an address change. Your signature must be provided on the reverse side. If you would like a new license reflecting your new address, please see fee requirement on reverse side.		
Name of Office/Facility (if applicable):		
Street Address:		
City:	State:	Zip Code:
Phone Number w/Area Code:	E-Mail Address:	

Name:		
<input type="checkbox"/> <b>3. ADDRESS CHANGE FOR CONTROLLED SUBSTANCE AND DRUG CONTROL LICENSE:</b> I request the Department to change my records due to an address change. Your signature must be provided below. If you would like a new license reflecting your new address, please see fee requirement listed below.		
MI Permanent I.D. Number:		
Name of Office/Facility:		
Street Address of Office/Facility:		
City:	State:	Zip Code:
Phone Number w/Area Code:	E-Mail Address:	

☐ **4. DUPLICATE LICENSE - \$10.00 for EACH license:** I request the Department to issue a duplicate for the following reason:

☐ Data Change      ☐ Lost      ☐ Stolen      ☐ Not Received      ☐ Destroyed

**If your license will expire in the next 60 days, you do not need to pay for a duplicate license. You will receive a new license after the renewal is processed.**

Please check **below** the license(s) you are requesting a duplicate to be issued. Make your check payable to the **State of Michigan** for the total amount.

☐ Professional License/Registration - \$10.00      ☐ Specialty License - \$10.00

☐ Controlled Substance - \$10.00      ☐ Drug Control - \$10.00      ☐ Drug Treatment Prescriber - \$10.00

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this request. **DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

Signature of Applicant	Date Signed
------------------------	-------------